



NON-HAZARDOUS MANIFEST

NON-HAZARDOUS MANIFEST		1. Generator's US EPA ID No.		Manifest Doc No.		2. Page 1 of 1	
3. Generator's Mailing Address: US EPA / CRANTERBURY RD, SPILL 9311 GROH RD. GROSS IL, MI 48135		Generator's Site Address (if different than mailing): US EPA / CRANTERBURY RD, SPILL 9311 GROH RD. GROSS IL, MI 48135 WAYNE COUNTY		A. Manifest Number WMNA		T 2074	
4. Generator's Phone 586-246-2321				B. State Generator's ID			
5. Transporter 1 Company Name H.M. ENVIRONMENTAL		6. US EPA ID Number		C. State Transporter's ID MI D000017078		D. Transporter's Phone	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone	
9. Designated Facility Name and Site Address Woodland Meadows RDF 5900 Hannan Rd Wayne, MI 48184		10. US EPA ID Number		G. State Facility ID		H. State Facility Phone 734-326-0993	
11. Description of Waste Materials		12. Containers		13. Total Quantity		14. Unit Wt./Vol.	
a. Clean up debris		No. Type		004 DM 0300		P	
WM Profile # 107440M							
b. WM Profile #							
c. WM Profile #							
d. WM Profile #							
1. Additional Descriptions for Materials Listed Above		K. Disposal Location					
Color: brown							
Odor: no							
Physical State: solid							
15. Special Handling Instructions and Additional Information							
Purchase Order # CRS-54		EMERGENCY CONTACT / PHONE NO.:		Ed Kiernicki/ 586-246-2321			
16. GENERATOR'S CERTIFICATE: I hereby certify that the above-described materials are not hazardous wastes as defined by CFR Part 261 or any applicable state law, have been fully and accurately described, classified and packaged and are in proper condition for transportation according to applicable regulations.							
Printed Name Jeffery L. Pratt		Signature "On behalf of"		Month 01		Day 18	
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed Name Keith Olsen		Signature Keith Olsen		Month 01	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed Name		Signature		Month	
19. Certificate of Final Treatment/Disposal		I certify, on behalf of the above listed treatment facility, that to the best of my knowledge, the above-described waste was managed in compliance with all applicable laws, regulations, permits and licenses on the dates listed above.					
20. Facility Owner or Operator: Certification of receipt of non-hazardous materials covered by this manifest.		Printed Name		Signature		Month	

White- TREATMENT, STORAGE, DISPOSAL FACILITY COPY
Pink- FACILITY USE ONLY

Blue- GENERATOR #2 COPY
Gold- TRANSPORTER #1 COPY

Yellow- GENERATOR #1 COPY

FIELD TICKET/MANIFEST

INDUSTRIAL SERVICES
Water Blasting - Vac Service
- Full Time Maintenance -

OFFICE USE ONLY	
HOURS:	16.25
RATE:	45
TOTAL:	1543.75

Customer Name: Mohawk ~~K. H. Corp~~
 Co. Man Requesting Work: Dave Jenkins

DATE: 1-16-13
 TRUCK#: T-3
 REF# (FROM DISPATCH): 1863
 MANIFEST#: 1948/1949/1950/1951
 TIME LEFT SHOP: 4:30AM
 TIME RETURN TO SHOP: 8:45PM
 ARRIVAL TIME @ SITE: 7:05AM
 DEPARTURE TIME FROM SITE: 6:30PM

WATER PICK UP INFORMATION:

WATER SOURCE: <u>Hillcorp</u>	FRESH WATER: <input type="checkbox"/>	FRAC (WASTE WATER): <input type="checkbox"/>
NAME OF WELL: <u>Pulaski Whiting</u>	RAIN WATER: <input type="checkbox"/>	OIL BASE MUD: <input type="checkbox"/>
WELL ID#: <u>ESC G.P.I. ESX 12-073</u>	BRINE: <input type="checkbox"/>	WATER BASE MUD: <input type="checkbox"/>
COUNTY: <u>PULASKI</u> <u>0010</u>	DRILLING FLUID: <input type="checkbox"/>	OIL BASE SYNTHETIC: <input type="checkbox"/>
STATE: <u>Pa</u>	OTHER: <input checked="" type="checkbox"/> <u>upright</u>	

WATER DESTINATION INFORMATION:Flow Back

TREATMENT FACILITY: <u>Mohawk</u>	RIG: <input type="checkbox"/>
NAME OF WELL: <u>TRUMBULL / MAHONING</u>	FRAC: <input checked="" type="checkbox"/> <u>G44M-4</u>
WELL ID#: <u>MAHONING</u>	TREATMENT PLANT: <input type="checkbox"/>
COUNTY: <u>MAHONING CO. Trumbull</u>	OTHER: <input type="checkbox"/>
STATE: <u>OH</u>	

	SOURCE ARRIVAL TIME	TIME OF PICK UP	DESTINATION ARRIVAL TIME	OFF-LOAD TIME	OFF-LOAD AMOUNT	Laborer Included <input type="checkbox"/>
LOAD #1	7:05AM	7:40AM	8:30AM	9:15AM	100BBLs	
LOAD #2	10:00AM	11:30AM	12:00PM	12:45PM	100BBLs	
LOAD #3	1:45PM	2:00PM	3:00PM	3:30PM	100BBLs	
LOAD #4	5:00PM	5:15PM	6:00PM	6:15PM	100BBLs	
LOAD #5						
LOAD #6						
LOAD #7						
LOAD #8						

Laborer Name: _____
 Mileage: 0
Drove T-3
Both Ways

2/21/13
✓

DRIVER PRINT: Chuck Scheetz CO. MAN PRINT: _____DRIVER SIGN: Charles Scheetz CO. MAN SIGN: _____

Notes: 1st Load went to Mohawk - G-4
2nd Load went to K-DA
3rd Load went to K-DA
4th Load went to Mohawk - M-4

FIELD TICKET/MANIFEST

Heavy Duty
Industrial Services
 Water Blasting • Vac Service
 • Full Time Maintenance •

OFFICE USE ONLY

HOURS:

RATE:

TOTAL:

Customer Name:

Mohawk

Co. Man Requesting Work:

Dave

WATER PICK UP INFORMATION:

DATE: 1-24-13

TRUCK#: T-11

REF# (FROM DISPATCH): HD 3137

MANIFEST#: 2409-2410-2411

TIME LEFT SHOP: 5:50 am 8:45 am

TIME RETURN TO SHOP: 5:55 pm 6:00 pm

ARRIVAL TIME @ SITE: 6:40 am

DEPARTURE TIME FROM SITE: 5:40 pm

WATER SOURCE: Hilcorp Energy C	FRESH WATER: <input type="checkbox"/>	FRAC (WASTE WATER): <input checked="" type="checkbox"/>
NAME OF WELL: Pulaski Whiting Central	RAIN WATER: <input type="checkbox"/>	OIL BASE MUD: <input type="checkbox"/>
WELL ID#: ECGPI ESX12-073-0010	BRINE: <input type="checkbox"/>	WATER BASE MUD: <input type="checkbox"/>
COUNTY: Pulaski	DRILLING FLUID: <input type="checkbox"/>	OIL BASE SYNTHETIC: <input type="checkbox"/>
STATE: Pa	OTHER: <input type="checkbox"/>	

WATER DESTINATION INFORMATION:

TREATMENT FACILITY: RDA	RIG: <input type="checkbox"/>
NAME OF WELL: Fleece #2	FRAC: <input checked="" type="checkbox"/>
WELL ID#: 1447	TREATMENT PLANT: <input type="checkbox"/>
COUNTY: Lawrence Lawrence	OTHER: <input type="checkbox"/>
STATE: Oh	

	SOURCE ARRIVAL TIME	TIME OF PICK UP	DESTINATION ARRIVAL TIME	OFF-LOAD TIME	OFF-LOAD AMOUNT
LOAD #1	6:40 am	6:50 am	8:19 am	8:30	100 BBL
LOAD #2	9:40 am	9:45 am	11:00 am	11:15 am	100 BBL
LOAD #3	12:00 pm	12:10 pm	1:25 pm	1:30 pm	100 BBL
LOAD #4	3:15 pm	3:25 pm	3:20 pm	3:30 pm	100 BBL
LOAD #5	4:10 pm	4:20 pm	5:15 pm	5:25 pm	100 BBL
LOAD #6					
LOAD #7					
LOAD #8					

Laborer Included ☐

Laborer Name:

Mileage:

DRIVER PRINT:

Steven G Gay

CO. MAN PRINT:

DRIVER SIGN:

SA Gay

CO. MAN SIGN:

Notes:

Load 1 - Vac from Frac # FFT 175 100 BBL

Load 2 - Vac from Frac # FFT 175 100 BBL

Load 3 - Vac from Frac # FFT 175 100 BBL

Load 4 - Vac from Frac # FFT 175 100 BBL

Load 5 - Vac from Frac # FFT 175 100 BBL



Generator's Non-hazardous Waste Profile Sheet

Requested Disposal Facility: Woodland Meadows RDF

Profile Number: _____

☐ Renewal for Profile Number: _____

Waste Approval Expiration Date: _____

☐ Check here if there are multiple generating locations for this waste. Attach additional locations.

A. Waste Generator Facility Information (must reflect location of waste generation/origin)

1. Generator Name: U.S. EPA / Cranterbury RD. Spill

2. Site Address: 9311 Groh Rd.

7. Email Address: _____

3. City/ZIP: Cross Ile 48135

8. Phone: 586-246-2321

9. FAX: 586-254-6547

4. State: MI

10. NAICS Code: _____

5. County: Wayne

11. Generator USEPA ID #: _____

6. Contact Name/Title: Jeff Lippert / OSC

12. State ID# (if applicable): _____

B. Customer Information ☐ same as above

P. O. Number: CR5-54

1. Customer Name: Environmental Restoration LLC

6. Phone: 586-246-2321

FAX: 586-254-6547

2. Billing Address: 6812 19 1/2 Mile Rd.

7. Transporter Name: TBD

3. City, State and ZIP: Sterling Heights 48314

8. Transporter ID # (if appl.): _____

4. Contact Name: Ed Kiernicki

9. Transporter Address: _____

5. Contact Email: e.kiernicki@erllc.com

10. City, State and ZIP: _____

C. Waste Stream Information

1. DESCRIPTION

a. Common Waste Name: Clean Up Debris

State Waste Code(s): _____

b. Describe Process Generating Waste or Source of Contamination:

Clean up of mercury contaminated residence. PPE, plastic and wood from home

c. Typical Color(s): Brown

d. Strong Odor? ☐ Yes ☒ No Describe: _____

e. Physical State at 70°F: ☒ Solid ☐ Liquid ☐ Powder ☐ Semi-Solid or Sludge ☐ Other: _____

f. Layers? ☐ Single layer ☐ Multi-layer ☒ NA

g. Water Reactive? ☐ Yes ☒ No If Yes, Describe: _____

h. Free Liquid Range (%): _____ to _____ ☒ NA(solid)

i. pH Range: _____ to _____ ☒ NA(solid)

j. Liquid Flash Point: ☐ < 140°F ☐ 140°- 199°F ☐ ≥ 200°F ☒ NA(solid)

k. Flammable Solid: ☐ Yes ☒ No

l. Physical Constituents: List all constituents of waste stream - (e.g. Soil 0-80%, Wood 0-20%): ☐ (See Attached)

Constituents (Total Composition Must be ≥ 100%)	Lower Range	Unit of Measure	Upper Range	Unit of Measure
1. PPE	20	%	30	%
2. Wood	10	%	20	%
3. Carpeting	40	%	50	%
4.				
5.				
6.				

2. ESTIMATED QUANTITY OF WASTE AND SHIPPING INFORMATION

a. ☒ One Time Event ☐ Base ☐ Repeat Event

b. Estimated Annual Quantity: 4 ☐ Tons ☐ Cubic Yards ☒ Drums ☐ Gallons ☐ Other (specify): _____

c. Shipping Frequency: Once Units per ☐ Month ☐ Quarter ☐ Year ☒ One Time ☐ Other

d. Is this a U.S. Department of Transportation (USDOT) Hazardous Material? (If yes, answer e.) ☐ Yes ☒ No

e. USDOT Shipping Description (if applicable): _____

3. SAFETY REQUIREMENTS (Handling, PPE, etc.):



MICHIGAN NON-HAZARDOUS WASTE PROFILE ADDENDUM

Profile Number _____

F. Michigan Addendum

- | | |
|---|---|
| 1. Is this Waste to be solidified by WM prior to disposal into the landfill? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Does this exhibit any of the reactivity characteristics as defined by MI Part 111 R 299.9212(3)? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Does this waste contain any RCRA herbicides or pesticides? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4. Do you generate any regulated Hazardous Waste? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
- If "Yes," do you have procedures in place to prevent Hazardous Waste from being mixed with this waste? ☐ Yes ☐ No

G. SOLVENTS OR PAINTS:

☒ Not applicable, this waste does not contain any solvents or paints.

What solvent(s), if any, are in use and for what purpose?

If this waste is from a Paint Spray Booth, please explain in detail how the spray guns are cleaned and what is done with that waste?

After a paint line and/or spray gun is cleaned, is the new paint purged through and disposed of separately?

H. Complete this Section ONLY IF THIS WASTE IS PROPOSED FOR DISPOSAL AT WOODLAND MEADOWS

SPECIAL WASTE DECLARATION

(Check below those Special Wastes that are proposed for disposal by Waste Management):

- ☐ a. Waste from an industrial process.
- ☐ b. Waste from a pollution control process.
- ☐ c. Waste containing free liquids.
- ☐ d. Residue and debris from a cleanup of a spill of a chemical or commercial product or a waste listed in a.-c. and L.-n. of this form.
- ☐ e. Contaminated residuals, or articles from the cleanup of a facility generating, storing, treating or recycling or disposing of chemical substances, commercial products or wastes listed in a.-d., f or g of this form.
- ☐ f. Any waste which is non-hazardous as a result of treatment pursuant to Subtitle C of the Resource Conservation and Recovery Act (R.C.R.A.).
- ☐ g. Chemical containing equipment removed from service, which the chemical composition and concentration are unknown.
- ☒ h. Drums, or containers capable of holding greater than 25 gallons, whether empty, partially full or full.
- ☐ i. Friable or non-friable asbestos containing waste from building demolition or cleanup, including wallboard, wall, ceiling or spray coverings, pipe insulation, etc.
- ☐ j. Commercial products or chemicals which are off-specification, outdated, unused or banned. Outdated or off specification uncontaminated food or beverage products in original consumer containers are not included in this category, unless management of such containers is restricted by applicable regulations.
- ☐ k. Treated or untreated medical waste. Any waste which was once capable, or is capable of inducing infection from a bio-medical source.
- ☐ l. Residue / sludges from septic tanks, food service grease traps, or wash waters and wastewaters from commercial laundries, and private or public wastewater treatment facilities.
- ☐ m. Chemical containing equipment removed from service, in which the chemical concentrations are known (e.g., acetylene tanks, cathode ray tubes, lab equipment, fluorescent lights, etc.)
- ☐ n. Waste produced from the dismantling or demolition of industrial process equipment, or facilities contaminated with chemicals from the industrial process.
- ☐ o. Incinerator ash generated at a Resource Recovery Facility. A facility which burns only non-hazardous household, commercial or industrial and qualifies for the hazardous waste exclusion in 40CFR261.4(b).
- ☐ p. Other, if not specified above.

BY COMPLETING SECTION H., CUSTOMER WARRANTS THAT HE/SHE HAS DISCLOSED ALL OF THE TYPES OF SPECIAL WASTE PROPOSED TO BE DISPOSED BY WASTE MANAGEMENT